

PATENT APPLICATION FEE DETERMINATION RECORD

Application of Docket Number

(Column 1)	(Column 2)
1	2
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**MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.160)**

**APPLICATION AS AMENDED – PART II**

29, 30, 31,  
5-29.06

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**If you need assistance in completing the form, call 1-800-PTD-9199 and select option 2.**